Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

		CLAIMS A	S FILED -	- PART	1		SN	MALL E	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
_			(Column	າ 1)	(Coli	umn 2)		TYPE		OR		ENTITY									
TOTAL CLAIMS		7					RATE	FEE	7	RATE	FEE										
FOR		NUMBER	NUMBER FILED		NUMBER EXTRA		ASIC FEE	3,85.00	OR	BASIC FEE	770.00										
TOTAL CHARGEABLE CLAIMS			5 mir	5 minus 20=		*		X\$ 9=		OR	X\$18=										
<b> </b> -	DEPENDENT C		$\frac{1}{V}$	\( \mathcal{V} \) minus 3 =  *				X43=		OR	X86=										
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR											
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in (	column 2	<u> </u>	TOTAL	-	OR		<del> </del>									
	С	CLAIMS AS A	MENDEL	) - PAR'	T Jį			•	<u></u>	٦-	OTHER	THAN									
	<del> </del>	(Column 1)		(Colum	nn 2)	(Column 3)	s	SMALL E	ENTITY	OR	SMALL E										
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
NDM	Total	*	Minus	**		=	>	XS 9=		OR	X\$18=										
AME	Independent	*	Minus	***	A18/	= -	,	X43=	j	OR	X86=										
	FIRST FRESE	ENTATION OF MU	JETIPLE DE-	PNDEN	CLAIM		+	-145=		OR	+290=										
	\.							TOTAL			TOTAL	<del></del>									
		(Column 1)		(Calum	0\	(O-1 2)	ADE	DIT. FEE		JOR ,	ADDIT. FEE										
		CLAIMS		(Colum HIGHE	EST	(Column 3)			ADDI-	1 r											
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	USLY	PRESENT EXTRA	F	RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE									
NDM	Total	*	Minus	**		= .	×	<b>(\$</b> 9=		OR	X\$18=										
AME	Independent	* NTATION OF MU	Minus	***	O' 4194	=	×	K43=		OR	X86=										
	FINOI FALSE	NIAHON OF MO	LIPLE DEF	ENDENT	CLAIM		+	145=		OR	+290=										
							<u> </u>	TOTAL DIT. FEE			TOTAL ADDIT. FEE										
<del></del>		(Column 1)		(Colum		(Column 3)	700	// II. FEE ==		,	(UUII. FEL										
ENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	BER USLY	PRESENT EXTRA	R		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
Z I	Total	<del></del>	Minus	**		=	X	\$ 9=		OR	X\$18=										
AME	Independent	L	Minus	***		=	X	43=		OR	X86=	<del></del>									
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM																
• If	the entry in colur	mn 1 is less than the	e entry in colur	mn 2, write "	'0" in col	u <b>mn 3</b>	<u> </u>	145=		OR	+290=										
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.																					
	ne mignestivition	per Freviously Falu	For (Total or	Independen	it) is the	highest number	found in	i the appro	opriate box	, in colu	ımn 1.										